

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Baton Rouge Orthopaedic Clinic
 c/o John L. Dardenne, Jr.
 356 St. Charles Street
 Baton Rouge, LA 70821

2. Article Number

(Transfer from service label)

7004 0810 0006 5415 7836

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Peggy Lawrence

☐ Agent☐ Addressee

B. Received by (Printed Name)

Peggy Lawrence

C. Date of Delivery

7/24/07

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

2:00C4 717-10

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes